

## **Appendix D**



**CIGNA HealthCare**  
**Medicare Administration**

***DMERC Region D Supplier Manual***  
***Winter 2003 Update***

January 2003

General Release 03-1

Dear Supplier:

Attached is the Winter 2003 update to the *DMERC Region D Supplier Manual*. Read the enclosed material carefully. The *DMERC Region D Supplier Manual* is designed to provide vital, current DMERC information. Supplier manual updates are issued quarterly.

A summary of the changes and instructions for updating the manual is included. When updating the manual:

- Compare the new page numbers with the existing page numbers to ensure that you replace the correct pages for each chapter.
- Compare the revision date at the bottom of the updated pages to make sure you insert the most current update. Pages included with the updates may be identical in content and revision date to the page you are replacing – this is because it has not been revised, but is on the reverse side of a page that has changed. (**NOTE:** The revision date for updates to Chapter 9, Local Medical Review Policies (LMRPs) and Chapter 10, Coverage Issues, is at the end of each policy and not at the bottom of the page.)
- Take out the old pages and replace with the updated pages. Make a final comparison of the page numbers, then discard or retain the old pages.

**REMINDER:** Please be sure to read the *DMERC Dialogue*, the Region D newsletter, for additional information. The *DMERC Region D Supplier Manual* and *DMERC Dialogue* are available on our Web site at [www.cignamedicare.com](http://www.cignamedicare.com) (select Durable Medical Equipment). Also, visit “What’s New” on the Web site for special notices concerning changes in regulations issued between publication releases. To receive automatic notification via e-mail of the posting of LMRPs, publications and other important Medicare announcements, subscribe to the CIGNA Medicare electronic mailing list at [www.cignamedicare.com/mailler/subscribe.asp](http://www.cignamedicare.com/mailler/subscribe.asp).

**Table 1 - Crosswalk Deleted Codes (Multiple)**

The table below lists codes (not all-inclusive) that have been deleted and replaced twice.

Codes	Deleted as of	First Replacement	Dates Beginning	Valid Ended	Replacement	Second Dates Valid
A4190	03/31/1994	K0257-K0259	04/01/1994	12/31/1996	A6257-A6259	01/01/1997
A4200	03/31/1994	K0216-K0230	04/01/1994	12/31/1996	A6216-A6230	01/01/1997
		K0216-K0218	01/01/1996	12/31/1996	A6219-A6218	01/01/1997
		K0402-K0404	01/01/1996	12/31/1996	A6402-A6404	01/01/1997
A4202	03/31/1994	K0263	04/01/1994	12/31/1996	A6263	01/01/1997
		K0263	01/01/1996	12/31/1996	A6263	01/01/1997
		K0405	01/01/1996	12/31/1996	A6405	01/01/1997
A4203	03/31/1994	K0264	04/01/1994	12/31/1996	A6264	01/01/1997
		K0264	01/01/1996	12/31/1996	A6264	01/01/1997
		K0406	01/01/1996	12/31/1996	A6406	01/01/1997
A4347	09/30/1994	K0132	10/01/1994	09/30/1995	K0410-K0411	10/01/1995
A4363	09/30/1993	K0137	10/01/1993	12/31/1999	A4369	01/01/2000
		K0138	10/01/1993	12/31/1999	A4370	01/01/2000
		K0139	10/01/1993	12/31/1999	A4371	01/01/2000
A4370	03/31/2002	K0561 or K0562	04/01/2002	12/31/2002	A4405 or A4406	01/01/2003
A4454	03/31/1994	K0265	04/01/1994	12/31/1996	A6265	01/01/1997
A4800	12/31/2001	A4801	01/01/2002	12/31/2002	J1644	
A5064	09/30/1996	K0419	10/01/1996	12/31/1999	A4375	01/01/2000
	09/30/1996	K0420	10/01/1996	12/31/1999	A4376	01/01/2000
A5065	09/30/1996	K0421	10/01/1996	12/31/1999	A4377	01/01/2000
	09/30/1996	K0422	10/01/1996	12/31/1999	A4378	01/01/2000
A5074	09/30/1996	K0423	10/01/1996	12/31/1999	A4379	01/01/2000
	09/30/1996	K0424	10/01/1996	12/31/1999	A4380	01/01/2000
A5075	09/30/1996	K0425	10/01/1996	12/31/1999	A4381	01/01/2000
	09/30/1996	K0426	10/01/1996	12/31/1999	A4382	01/01/2000
	09/30/1996	K0427	10/01/1996	12/31/1999	A4383	01/01/2000
A5123	03/31/2002	K0570 or K0571	04/01/2002	12/31/2002	A4414 or A4415	01/01/2003
A6265	03/31/2002	K0572 or K0573	04/01/2002	12/31/2002	A4450 or A4452	01/01/2003
J7610	03/31/1997	K0503	04/01/1997	12/31/1999	J7608	01/01/2000
J7615	03/31/1997	K0503	04/01/1997	12/31/1999	J7608	01/01/2000
J7620	03/31/1997	K0505	04/01/1997	12/31/1999	J7619	01/01/2000
J7625	03/31/1997	K0504	04/01/1997	12/31/1999	J7618	01/01/2000
J7627	03/31/1997	K0508-K0509	04/01/1997	12/31/1999	J7628-J7629	01/01/2000
J7630	03/31/1997	K0511	04/01/1997	12/31/1999	J7631	01/01/2000
J7645	03/31/1997	K0518	04/01/1997	12/31/1999	J7644	01/01/2000
J7650	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7651	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7652	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7653	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7654	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7655	03/31/1997	K0519	04/01/1997	12/31/1999	J7648	01/01/2000
J7660	03/31/1997	K0521-K0522	04/01/1997	12/31/1999	J7658-J7659	01/01/2000
J7665	03/31/1997	K0521-K0522	04/01/1997	12/31/1999	J7658-J7659	01/01/2000
J7670	03/31/1997	K0524	04/01/1997	12/31/1999	J7669	01/01/2000
J7672	03/31/1997	K0524	04/01/1997	12/31/1999	J7669	01/01/2000

**Chapter 16**


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<b>Codes</b>	<b>Deleted as of</b>	<b>First Replacement</b>	<b>Dates Beginning</b>	<b>Valid Ended</b>	<b>Replacement</b>	<b>Second Dates Valid</b>
J7675	03/31/1997	K0523	04/01/1997	12/31/1999	J7668	01/01/2000
K0132	09/30/1995	K0410-K0411	10/01/1995	12/31/2000	A4324-A4325	01/01/2001
K0148	03/31/1994	K0242-K0249	04/01/1994	12/31/1996	A6224-A6243	01/01/1997
K0149	03/31/1994	K0234-K0241	04/01/1994	12/31/1996	A6209-A6215	01/01/1997
K0150	03/31/1994	K0196-K0199	04/01/1994	12/31/1996	A6196-A619	01/01/1997
K0151	03/31/1994	K0209-K0215	04/01/1994	12/31/1996	A6209-A6215	01/01/1997
K0153	03/31/1994	K0203-K0205	04/01/1994	12/31/1996	A6203-A6205	01/01/1997
K0282	12/31/1994	K0182	01/01/1995	12/31/2000	A7018	01/01/2001
*L7500	12/31/1994	**K0285	01/01/1995	12/31/1996	**L7520	01/01/1997
XX006	09/30/1996	K0438	10/01/1996	12/31/1999	A4394	01/01/2000
	09/30/1996	K0439	10/01/1996	12/31/1999	A4395	01/01/2000

\* = 1 hour \*\* = 15 min.

**Chapter 16**

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>CMN/DIF Required</b>
J7130	Hypertonic saline solution, 50 or 100 meq, 20 cc vial		
J7140	Prescription drug, oral, dispensed in physician's office (Deleted eff. 12/31/1996)		
J7150	Prescription drug, oral chemotherapy for malignant disease (Deleted eff. 12/31/1996)		
J7190	Factor VIII (antihemophilic factor, human) per I.U.		
J7191	Factor VIII (antihemophilic factor (porcine), per I.U.		
J7192	Factor VIII (antihemophilic factor, recombinant) per I.U.		
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per I.U. (Eff. Date 1/1/2002)		
J7194	Factor IX, complex, per I.U..		
J7195	Factor IX (antihemophilic factor, recombinant) per I.U. (Eff. Date 1/1/2002)		
J7196	Other hemophilia clotting factors, (e.g., anti-inhibitors), per I.U. (Deleted eff. 12/31/1999)	14	
J7197	Antithrombin III (human), per I.U.		
J7198	Anti-inhibitor, per I.U. (Eff. Date 1/1/2000)		
J7199	Hemophilia clotting factor, not otherwise classified (Eff. Date 1/1/2000)		
J7300	Intrauterine copper contraceptive		
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Eff. Date 1/1/2002)		
J7308	Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg) (Eff. Date 1/1/2002)		
J7310	Ganciclovir, 4.5 mg, long-acting implant		
J7315	Sodium hyaluronate, 20 mg, for intra articular injection (Deleted eff. 12/31/2001)		
J7316	Sodium hyaluronate, 5 mg for intra-articular injection (Deleted eff. 12/31/2002)		
J7317	Sodium hyaluronate, 20-25 mg dose for intra-articular injection (Eff. Date 1/1/2003)		
J7320	Hylan g-f20, 16 mg, for intra articular injection		
J7340	Dermal and epidermal, tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter (Eff. Date 1/1/2002)		
J7500	Azathioprine, oral, 50 mg	10	08.02
J7501	Azathioprine, parenteral, 100 mg	10	08.02
J7502	Cyclosporine, oral, 100 mg (Eff. Date 1/1/2000)	10	08.02
J7503	Cyclosporine, parenteral, per 50 mg (Deleted eff. 12/31/1999)		08.02
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	10	08.02
J7505	Muromonab-cd3, parenteral, 5 mg	10	08.02
J7506	Prednisone, oral, per 5mg	10	08.02
J7507	Tacrolimus, oral, per 1 mg	10	08.02
J7508	Tacrolimus, oral, per 5 mg	10	08.02
J7509	Methylprednisolone oral, per 4 mg	10	08.02
J7510	Prednisolone oral, per 5 mg	10	08.02
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral 25 mg (Eff. Date 1/1/2002)		
J7513	Daclizumab, parenteral, 25 mg	10	08.02
J7515	Cyclosporine, oral, 25 mg (Eff. Date 1/1/2000)	10	08.02
J7516	Cyclosporin, parenteral, 250 mg (Eff. Date 1/1/2000)	10	08.02
J7517	Mycophenolate mofetil, oral, 250 mg (Eff. Date 1/1/2000)	10	08.02
J7520	Sirolimus, oral, 1 mg (Eff. Date 1/1/2001)		

**Payment Category**

1 = Capped Rental	6 = Oxygen and Oxygen Equipment	11 = Ostomy, Trach., & Urologicals	16 = Therapeutic Shoes for Diabetics
2 = Freq. & Substantial Serv. DME	7 = Parenteral/Enteral Nutrients	12 = Surgical Dressings	17 = Individual Consideration
3 = Customized DMEPOS	8 = Parenteral/Enteral Supplies and Kits	13 = Supplies	18 = Epoetin (EPO)
4 = Prosthetics/Orthotics	9 = Parenteral/Enteral Pumps	14 = Not Otherwise Classified (NOC)	19 = Dialysis Supplies & Equipment
5 = Inexp. & Routinely Purch. DME	10 = Immunosuppressive Drugs	15 = Nebulizer Drugs	20 = Oral Antimetabolic Drugs

**Chapter 16**

Code	Description	Category	CMN/DIF Required
J7525	Tacrolimus, parenteral, 5 mg (Eff. Date 1/1/2001)		
J7599	Immunosuppressive drug, not otherwise classified	10	08.02
J7608	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram (Eff. Date 1/1/2000)	15	
J7610	Acetylcysteine, 10%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7615	Acetylcysteine, 20%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7618	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol) (Eff. Date 1/1/2000)	15	
J7619	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol) (Eff. Date 1/1/2000)	15	
J7620	Albuterol sulfate, 0.083%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7622	Beclomethasone, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2002)		
J7624	Betamethasone, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2002)		
J7625	Albuterol sulfate, 0.5%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7626	Budesonide inhalation solution, administered through DME, unit dose form 0.25 to 0.50 mg (Eff. Date 1/1/2002)		
J7627	Bitolterol mesylate, 0.2%, per 10 ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7628	Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7629	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7630	Cromolyn sodium, per 20 mg, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7631	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 milligrams (Eff. Date 1/1/2000)	15	
J7633	Budesonide, inhalation solution administered through DME, concentrated form, per 0.25 milligram (Eff. Date 1/1/2003)		
J7635	Atropine, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7636	Atropine, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7637	Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7638	Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7639	Dornase alpha, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7640	Epinephrine, 2.25%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7641	Flunisolide, inhalation solution, administered through DME, unit dose, per milligram (Eff. Date 1/1/2002)		
J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated	15	

## Payment Category

1 = Capped Rental  
 2 = Freq. & Substantial Serv. DME  
 3 = Customized DMEPOS  
 4 = Prosthetics/Orthotics  
 5 = Inexp. & Routinely Purch. DME

6 = Oxygen and Oxygen Equipment  
 7 = Parenteral/Enteral Nutrients  
 8 = Parenteral/Enteral Supplies and Kits  
 9 = Parenteral/Enteral Pumps  
 10 = Immunosuppressive Drugs

11 = Ostomy, Trach., & Urologicals  
 12 = Surgical Dressings  
 13 = Supplies  
 14 = Not Otherwise Classified (NOC)  
 15 = Nebulizer Drugs

16 = Therapeutic Shoes for Diabetics  
 17 = Individual Consideration  
 18 = Epoetin (EPO)  
 19 = Dialysis Supplies & Equipment  
 20 = Oral Antiemetic Drugs

**Chapter 16**

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>CMN/DIF Required</b>
	form, per milligram (Eff. Date 1/1/2000)		
J7643	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7644	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7645	Ipratropium bromide 0.02%, per ml, inhalation solution administered through a DME (Deleted eff. 12/31/2000)		
J7648	Isoetharine HCL, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7649	Isoetharine HCL, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7650	Isoetharine hydrochloride, 0.1%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7651	Isoetharine hydrochloride, 0.125%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7652	Isoetharine hydrochloride, 0.167%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7653	Isoetharine hydrochloride, 0.2%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7654	Isoetharine hydrochloride, 0.25%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7655	Isoetharine hydrochloride, 1.0%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7658	Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7659	Isoproterenol HCL, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7660	Isoproterenol hydrochloride, 0.5%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7665	Isoproterenol hydrochloride, 1.0%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7668	Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams (Eff. Date 1/1/2000)	15	
J7669	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams (Eff. Date 1/1/2000)	15	
J7670	Metaproterenol sulfate, 0.4%, per 2.5 ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7672	Metaproterenol sulfate, 0.6%, per 2.5 ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7675	Metaproterenol sulfate, 5.0%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7682	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME (Eff. Date 1/1/2000)	15	
J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7684	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7699	NOC drugs, inhalation solution administered through DME	15	

**Payment Category**

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**Chapter 16**

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>CMN/DIF Required</b>
K0412	Mycophenolate mofetil, oral, 250 mg (Deleted eff. 12/31/1999)	10	
K0413	Non-powered, advanced pressure-reducing overlay for mattress, standard mattress length and width (Deleted eff. 12/31/1997)	01	
K0414	Powered air overlay for mattress, standard mattress length and width (Deleted eff. 12/31/1997)	01	
K0415	Prescription anti-emetic drug, oral, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified		
K0416	Prescription anti-emetic drug, rectal, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified		
K0417	External infusion pump, mechanical, reusable, for short term drug infusion (Deleted eff. 12/31/1999)	05	
K0418	Cyclosporin, oral, per 100 mg (Deleted eff. 12/31/1999)	10	
K0419	Pouch, drainable, with faceplate attached, plastic, each (Deleted eff. 12/31/1999)	11	
K0420	Pouch, drainable, with faceplate attached, rubber, each (Deleted eff. 12/31/1999)	11	
K0421	Pouch, drainable, for use on faceplate, plastic, each (Deleted eff. 12/31/1999)	11	
K0422	Pouch, drainable, for use on faceplate, rubber, each (Deleted eff. 12/31/1999)	11	
K0423	Pouch, urinary, with faceplate attached, plastic, each (Deleted eff. 12/31/1999)	11	
K0424	Pouch, urinary, with faceplate attached, rubber, each (Deleted eff. 12/31/1999)	11	
K0425	Pouch, urinary, for use on faceplate, plastic, each (Deleted eff. 12/31/1999)	11	
K0426	Pouch, urinary, for use on faceplate, heavy plastic, each (Deleted eff. 12/31/1999)	11	
K0427	Pouch, urinary, for use on faceplate, rubber, each (Deleted eff. 12/31/1999)	11	
K0428	Ostomy faceplate equivalent, silicone ring, each (Deleted eff. 12/31/1999)	11	
K0429	Skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each (Deleted eff. 12/31/1999)	11	
K0430	Skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each (Deleted eff. 12/31/1999)	11	
K0431	Pouch, closed; with standard wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0432	Pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0433	Pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0434	Pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0435	Pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0436	Pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0437	Pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0438	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce (Deleted eff. 12/31/1999)	11	
K0439	Ostomy deodorant for use in ostomy pouch, solid, per tablet (Deleted eff. 12/31/1999)	11	
K0440	Nasal prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0441	Midfacial prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0442	Orbital prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0443	Upper facial prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0444	Hemi-facial prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0445	Auricular prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0446	Partial facial prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	

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10 = Immunosuppressive Drugs

11 = Ostomy, Trach., &amp; Urologicals

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13 = Supplies

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15 = Nebulizer Drugs

16 = Therapeutic Shoes for Diabetics

17 = Individual Consideration

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20 = Oral Antiemetic Drugs



**Chapter 16**

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>CMN/DIF Required</b>
K0447	Nasal septal prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0448	Unspecified maxillofacial prosthesis, by report - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0449	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0450	Adhesive, liquid, for use with facial prosthesis only, per ounce (Deleted eff. 12/31/2000)	04	
K0451	Adhesive remover, wipes, for use with facial prosthesis, per box of 50 (Deleted eff. 12/31/2000)	04	
K0452	Wheelchair bearings, any type	05	
K0453	Injection, amphotericin b, 50 mg (Deleted eff. 12/31/1998)		
K0454	Non-powered, advanced pressure-reducing mattress (Deleted eff. 12/31/1997)	01	
K0455	Infusion pump used for uninterrupted administration of epoprostenol	02	
K0456	Hospital bed, heavy duty, extra wide, with any type side rails, with mattress	01	
K0457	Extra wide/heavy duty commode chair, each (Deleted eff. 12/31/2000)	05	
K0458	Heavy duty walker, without wheels, each	05	
K0459	Heavy duty wheeled walker, each	05	
K0460	Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control	01	02.03A
K0461	Power add-on, to convert manual wheelchair to power operated vehicle, tiller control	05	07.02B
K0462	Temporary replacement for patient owned equipment being repaired, any type	05	
K0501	Aerosol compressor, battery powered, for use with small volume nebulizer (Deleted eff. 12/31/2000)	01	
K0503	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram (Deleted eff. 12/31/1999)	15	
K0504	Albuterol, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0505	Albuterol, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0506	Atropine, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0507	Atropine, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0508	Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0509	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0511	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0512	Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0513	Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0514	Dornase alpha, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0515	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0516	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0518	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	

**Payment Category**

1 = Capped Rental  
2 = Freq. & Substantial Serv. DME  
3 = Customized DMEPOS  
4 = Prosthetics/Orthotics  
5 = Inexp. & Routinely Purch. DME

6 = Oxygen and Oxygen Equipment  
7 = Parenteral/Enteral Nutrients  
8 = Parenteral/Enteral Supplies and Kits  
9 = Parenteral/Enteral Pumps  
10 = Immunosuppressive Drugs

11 = Ostomy, Trach., & Urologicals  
12 = Surgical Dressings  
13 = Supplies  
14 = Not Otherwise Classified (NOC)  
15 = Nebulizer Drugs

16 = Therapeutic Shoes for Diabetics  
17 = Individual Consideration  
18 = Epoetin (EPO)  
19 = Dialysis Supplies & Equipment  
20 = Oral Antiemetic Drugs

**Chapter 16**

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>CMN/DIF Required</b>
K0519	Isoetharine Hcl, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0520	Isoetharine Hcl, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0521	Isoproterenol Hcl, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0522	Isoproterenol Hcl, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0523	Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams (Deleted eff. 12/31/1999)	15	
K0524	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams (Deleted eff. 12/31/1999)	15	
K0525	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0526	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0527	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0528	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0529	Sterile water or sterile saline, 1000 ml, used with large volume nebulizer (Deleted eff. 12/31/2000)	15	
K0530	Nebulizer, durable, glass, or autoclavable plastic, bottle type, not used with oxygen (Deleted eff. 12/31/1999)	05	
K0531	Humidifier, heated, used with positive airway pressure device	05	
K0532	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	01	
K0533	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	02	
K0534	Respiratory assist device, bi-level pressure capacity, with back up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	02	
K0535	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, without adhesive border, each dressing (Deleted eff. 12/31/2000)	12	
K0536	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing (Deleted eff. 12/31/2000)	12	
K0537	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., without adhesive border, each dressing (Deleted eff. 12/31/2000)	12	
K0538	Negative pressure wound therapy electrical pump, stationary or portable (Eff. Date 1/1/2001)	01	
K0539	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each (Eff. Date 1/1/2001)	13	
K0540	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each (Eff. Date 1/1/2001)	13	
K0541	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (Eff. Date 1/1/2001)	05	
K0542	Speech generation device, digitized speech, using pre-recorded messages, greater than 8 minutes recording time (Eff. Date 1/1/2001)	05	
K0543	Speech generative device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (Eff. Date 1/1/2001)	05	

**Payment Category**

1 = Capped Rental	6 = Oxygen and Oxygen Equipment	11 = Ostomy, Trach., & Urologicals	16 = Therapeutic Shoes for Diabetics
2 = Freq. & Substantial Serv. DME	7 = Parenteral/Enteral Nutrients	12 = Surgical Dressings	17 = Individual Consideration
3 = Customized DMEPOS	8 = Parenteral/Enteral Supplies and Kits	13 = Supplies	18 = Epoetin (EPO)
4 = Prosthetics/Orthotics	9 = Parenteral/Enteral Pumps	14 = Not Otherwise Classified (NOC)	19 = Dialysis Supplies & Equipment
5 = Inexp. & Routinely Purch. DME	10 = Immunosuppressive Drugs	15 = Nebulizer Drugs	20 = Oral Antiemetic Drugs

## **Appendix E**

# Region B DMERC Supplier Manual



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**Revision No. 20**

**December 1999**

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**This packet contains the Region B DMERC Supplier Manual Revision No. 20**

1. Study the changes, additions, or deletions on the updated pages that follow. Remove the indicated pages and insert the replacement pages. Suppliers should retain removed pages for information on codes, policies and instructions in effect prior to the effective date of the revisions. A summary of the pages to be replaced is found on the next page.

**Note: These pages are updates to only some of the pages in the Supplier Manual.**

**DO NOT REMOVE ANY PAGES EXCEPT AS NOTED ON THE INSTRUCTION PAGE.**

2. All replacement pages are indicated at the bottom of each page:  
“Rev. 20 - December 1999.” Look for this date to confirm you are replacing the revised pages with the correct replacement page.
3. Shaded text or codes indicate where a change has been made on the page. Entire chapters which have been added or updated will be noted on the instruction page.

The Region B DMERC Supplier manual is designed to assist suppliers in the transmission of claims for durable medical equipment, prosthetics, orthotics and supplies. AdminaStar Federal will continue to advise suppliers and physicians filing DMEPOS claims in Region B of procedural changes implemented by the Health Care Financing Administration (HCFA) including: general Medicare information, claims processing issues and updates in DMERC medical policy. In addition to this update, be sure to read your Region B DMERC Supplier Bulletins for more information on changes of policy and claims submission.

If you have any questions, please contact Region B Provider Assistance at: (317) 577-5722, 9a.m. – 3p.m., for all Region B DMERC states.

**Chapter 16—HCPCS Codes****5-2**

J2260	Injection, milrinone lactate, per 5 ml <i>(add 1/1/95)</i>
J2270	Injection, morphine sulfate, up to 10 mg
J2271	Injection, morphine sulfate, 100 mg <i>(add 1/1/99)</i>
J2275	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J2300	Injection, nalbuphine hydrochloride, per 10 mg <i>(add 1/1/96)</i>
J2352	Injection, octreotide acetate, 1 mg <i>(add 1/1/00)</i>
J2410	Injection, oxymorphone HCl, up to 1 mg
J2460	Injection, oxytetracycline HCl, up to 1 mg
J2500	Injection, paricalcitol, 5 mcg <i>(add 1/1/00)</i>
J2540	Injection, penicillin G potassium, up to 600,000 units
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams) <i>(add 1/1/00)</i>
J2545	Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME <i>(chg 1/1/95)</i>
J2700	Injection, oxacillin sodium, up to 250 mg
J2780	Injection, ranitidine hydrochloride, 25 mg <i>(add 1/1/00)</i>
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg
J2970	Injection, methicillin sodium, up to 1 gm
J3010	Injection, fentanyl citrate, up to 2 ml
J3240	Injection, thyrotropin alfa, 0.9 mg <i>(add 1/1/00)</i>
J3245	Injection, tirofiban hydrochloride, 12.5 mg <i>(add 1/1/00)</i>
J3260	Injection, tobramycin sulfate, up to 80 mg
J3305	Injection, trimetrexate glucuronate, per 25 mg. <i>(add 1/1/96)</i>
J3370	Injection, vancomycin HCl, 500 mg <i>(chg 1/1/00)</i>
J3490	Unclassified drugs
J7051	Sterile saline or water, up to 5cc
J7196	Other hemophilia clotting factors (e.g. anti-inhibitors), per IU <i>(disc 1/1/00)</i>
J7198	Anti-inhibitor, per I.U. <i>(add 1/1/00)</i>
J7199	Hemophilia clotting factor, not otherwise classified <i>(add 1/1/00)</i>

**Immunosuppressive Drugs:**

J7500	Azathioprine, oral, tab, 50 mg <i>(inv 9/1/93, chg + add 4/1/00)</i>
J7501	Azathioprine, parenteral, 100 mg <i>(inv 9/1/93, chg + add 4/1/00)</i>
J7502	Cyclosporine, oral, 100 mg <i>(inv 9/1/93, disc 12/31/96, chg + add 4/1/00)</i>
J7503	Cyclosporine, parenteral, per 50 mg. <i>(inv 9/1/93, disc 3/31/00)</i>
J7504	Lymphocyte immune globulin, antithymocyte globulin, parenteral, 250 mg <i>(inv 9/1/93, chg + add 4/1/00)</i>
J7505	Monoclonal antibodies - parenteral, 5 mg <i>(inv 9/1/93, chg 1/1/97)</i>
J7506	Prednisone, oral, per 5 mg <i>(inv 9/1/93, add 1/1/97)</i>
J7507	Tacrolimus, oral, per 1 mg <i>(add 1/1/95)</i>
J7508	Tacrolimus, oral, per 5 mg <i>(add 1/1/95)</i>
J7509	Methylprednisolone oral, per 4 mg <i>(add 1/1/96)</i>
J7510	Prednisolone oral, per 5 mg <i>(add 1/1/96)</i>
J7513	Daclizumab, parenteral, 25 mg <i>(add 1/1/99)</i>
J7515	Cyclosporine, oral, 25 mg <i>(add 4/1/00)</i>
J7516	Cyclosporine, parenteral, 250 mg <i>(add 4/1/00)</i>
J7517	Mycophenolate mofetil, oral, 250 mg <i>(add 4/1/00)</i>
J7599	Immunosuppressive drug, not otherwise classified <i>(add 1/1/96)</i>

**Chapter 16—HCPCS Codes****5-3****Inhalation Drugs:**

J7608	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram <i>(add 1/1/00)</i>
J7610	Acetylcysteine, 10%, per ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7615	Acetylcysteine, 20%, per ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7618	Albuterol, inhalation solution administered through DME, concentrated form, per milligram <i>(add 1/1/00)</i>
J7619	Albuterol, inhalation solution administered through DME, unit dose form, per milligram <i>(add 1/1/00)</i>
J7620	Albuterol sulfate, 0.083%, per ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7625	Albuterol sulfate, 0.5%, per ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7627	Bitolterol mesylate, 0.2%, per 10 ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7628	Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per milligram <i>(add 1/1/00)</i>
J7629	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per milligram <i>(add 1/1/00)</i>
J7630	Cromolyn sodium, per 20 mg, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7631	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 milligrams <i>(add 1/1/00)</i>
J7635	Atropine, inhalation solution administered through DME, concentrated form, per milligram <i>(add 1/1/00)</i>
J7636	Atropine, inhalation solution administered through DME, unit dose form, per milligram <i>(add 1/1/00)</i>
J7637	Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram <i>(add 1/1/00)</i>
J7638	Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram <i>(add 1/1/00)</i>
J7639	Dornase alpha, inhalation solution administered through DME, unit dose form, per milligram <i>(add 1/1/00)</i>
J7640	Epinephrine, 2.25%, per ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per milligram <i>(add 1/1/00)</i>
J7643	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per milligram <i>(add 1/1/00)</i>
J7644	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per milligram <i>(add 1/1/00)</i>
J7645	Ipratropium bromide 0.02%, per ml, inhalation solution administered through a DME <i>(add 1/1/95, inv 3/31/97)</i>
J7648	Isoetharine HCl, inhalation solution administered through DME, concentrated form, per milligram <i>(add 1/1/00)</i>
J7649	Isoetharine HCl, inhalation solution administered through DME, unit dose form, per milligram <i>(add 1/1/00)</i>
J7650	Isoetharine hydrochloride, 0.1%, per ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7651	Isoetharine hydrochloride, 0.125%, per ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>
J7652	Isoetharine hydrochloride, 0.167%, per ml, inhalation solution administered through DME <i>(inv 3/31/97)</i>



**Chapter 16—HCPCS Codes****5-4**

J7653	Isoetharine hydrochloride, 0.2%, per ml, inhalation solution administered through DME ( <i>inv 3/31/97</i> )
J7654	Isoetharine hydrochloride, 0.25%, per ml, inhalation solution administered through DME ( <i>inv 3/31/97</i> )
J7655	Isoetharine hydrochloride, 1.0%, per ml, inhalation solution administered through DME ( <i>inv 3/31/97</i> )
J7658	Isoproterenol HCl, inhalation solution administered through DME, concentrated form, per milligram ( <i>add 1/1/00</i> )
J7659	Isoproterenol HCl, inhalation solution administered through DME, unit dose form, per milligram ( <i>add 1/1/00</i> )
J7660	Isoproterenol hydrochloride, 0.5%, per ml, inhalation solution administered through DME ( <i>inv 3/31/97</i> )
J7665	Isoproterenol hydrochloride, 1.0%, per ml, inhalation solution administered through DME ( <i>inv 3/31/97</i> )
J7668	Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams ( <i>add 1/1/00</i> )
J7669	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams ( <i>add 1/1/00</i> )
J7670	Metaproterenol sulfate, 0.4%, per 2.5 ml, inhalation solution administered through DME ( <i>inv 3/31/97</i> )
J7672	Metaproterenol sulfate, 0.6%, per 2.5 ml, inhalation solution administered through DME ( <i>inv 3/31/97</i> )
J7675	Metaproterenol sulfate, 5.0%, per ml, inhalation solution administered through DME ( <i>inv 3/31/97</i> )
J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram ( <i>add 1/1/00</i> )
J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram ( <i>add 1/1/00</i> )
J7682	Trobramycin, unit dose form, 300 mg, inhalation solution, administered through DME ( <i>add 1/1/00</i> )
J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram ( <i>add 1/1/00</i> )
J7684	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram ( <i>add 1/1/00</i> )
J7699	Not otherwise classified drugs, inhalation solution administered through DME

**Miscellaneous Drug Administered through DME:**

J7799 Not otherwise classified drugs, other than inhalation drugs, administered through DME

**Miscellaneous Drugs:**

J8530	Cyclophosphamide; oral, 25 mg ( <i>add 1/1/95</i> )
J8560	Etoposide; oral, 50 mg ( <i>add 1/1/95</i> )
J8600	Melphalan; oral, 2 mg ( <i>add 1/1/95</i> )
J8610	Methotrexate; oral, 2.5 mg ( <i>add 1/1/95</i> )

**Chemotherapy Drugs:**

J9000	Doxorubicin HCl, 10 mg
J9001	Doxarubicin hydrochloride, all lipid formulations, 10 mg ( <i>add 1/1/00</i> )
J9010	Doxorubicin HCl, 50 mg ( <i>disc 12/31/96</i> )

## **Appendix F**



# DME Medicare News

DME Region A Service Office ♦ Suite 339, 320 S. Pennsylvania Blvd ♦ Wilkes-Barre, PA 18701-2215

No. 3

TheTravelers

December, 1993

## Season's Greetings

At the time of your state's transfer (page 3),  
send all Medicare DMEPOS claims to:

The Travelers Insurance Company  
P.O. Box 6800  
Wilkes-Barre, PA 18773-6800

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### NSC Number a Must!

Claims submitted to Medicare without a National Supplier Clearinghouse (NSC) supplier number will be returned. All suppliers and physicians who dispense Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS) **must** have a supplier number issued by the National Supplier Clearinghouse. DMEPOS includes the following items:

- ☐ Oxygen
- ☐ Durable Medical Equipment, such as walkers, wheelchairs, and hospital beds
- ☐ Prosthetics and Orthotics, such as artificial limbs, braces, and splints
- ☐ Supplies, such as surgical dressings and ostomy supplies for patients to use at home
- ☐ Optical Lenses (after cataract surgery)
- ☐ Home Dialysis Equipment and Supplies
- ☐ Immunosuppressive Drugs
- ☐ Parenteral and Enteral Nutrition Supplies
- ☐ Chemotherapeutic Drugs Used in Home Infusion Pumps

If you have *not* received a National Supplier Clearinghouse (NSC) supplier number, or if you have *not* received an application, you **must** immediately contact the NSC at (800) 851-3682. Once you have received your supplier number, we will immediately send you a Region A DMEPOS *Supplier Manual* and contact you regarding electronic claim submission. Physicians/suppliers who do not have a NSC supplier number may *not* bill DMEPOS items to Medicare, and will no longer receive editions of *DME Medicare News*.

## New HCPCS DMEPOS Codes for 1994

L5707	REPLACEMENT, CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE/FOOT, DYNAMIC RESPONSE
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL
L8485	STUMP SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH
L8490	ADDITION TO PROSTHETIC SHEATH/sock, AIR SEAL SUCTION RETENTION SYSTEM
Q0117	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE.
Q0118	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE.
Q0119	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT(S), PER SHOE.
Q0120	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE.
Q0121	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE.
Q0122	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE.
Q0123	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE.

## HCPCS DMEPOS Code Deleted for 1994

J9240	MEDROXYPROGESTERONE ACETATE, 100 MG
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## HCPCS Drug Codes and Allowable Charges

Listed are the HCPCS codes for nebulizer drugs, chemotherapy drugs, and immunosuppressive drugs. Also listed are the DMERC allowables per unit. These prices have been calculated using the median Redbook price.

### IMMUNOSUPPRESSIVE DRUGS

J2920	METHYLPREDNISOLONE SODIUM SUCCINATE, \$2.00 PER 40 MG
J2930	METHYLPREDNISOLONE SODIUM SUCCINATE, \$5.31 PER 125 MG
K0119	AZATHIOPRINE, \$1.09 PER 50 MG
K0120	AZATHIOPRINE, \$60.99 PER 100 MG
K0121	CYCLOSPORINE, \$1.17 PER 25 MG
K0122	CYCLOSPORINE, \$20.80 PER 250 MG
K0123	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, \$209.79 PER 5 ML
K0124	MONOCLONAL ANTIBODIES, \$535.00 PER 5 ML
K0125	PREDNISONE, \$.03 PER 5 MG TAB
K0166	METHYLPREDNISOLONE, \$.41 PER 4 MG
K0167	PREDNISONE, \$.03 PER 5 MG TAB
J0895	DESFERAL, \$8.64 PER 500 MG
J1170	DILAUDID, \$1.07 PER 4 MG
J1640	HEPARIN, NOT COVERED
J1820	INSULIN, NOT COVERED
J2175	MEPERIDINE, \$1.00 PER 100 MG
J2270	MORPHINE SULFATE, \$.93 PER 25 MG
J2275	MORPHINE SULFATE, PRESERVATIVE FREE, \$17.54 PER 10 MG
J3010	FENTANYL CITRATE, \$2.34 UP TO 2 ML
J3370	VANCOMYCIN HCL, \$18.51 UP TO 500 MG
J7799	ACYCLOVIR, \$46.97 PER 500 MG VIAL
J7799	AMPHOTEROCIN B, \$7.50 PER GRAM
J7799	FOSCARNET SODIUM, \$73.28 PER 250 ML
J7799	GANCICLOVIR, \$34.80 PER 500 MG
J9000	DOXORUBICIN HCL, \$45.08 PER 10 MG
J9040	BLEOMYCIN SULFATE, \$256.19 PER 15 UNITS
J9100	CYTARABINE, \$6.00 PER 100 MG
J9190	FLUOROURACIL, \$1.54 PER 500 MG
J9360	VINBLASTINE SULFATE, \$2.13 PER 1 MG
J9370	VINCRISTINE SULFATE, \$31.75 PER 1 MG
XX009	DOBUTAMINE, \$50.77 PER 250 MG

### NEBULIZER DRUGS

J7610	ACETYLCYSTEINE, 10% - \$1.23 PER ML
J7615	ACETYLCYSTEINE, 20% - \$1.48 PER ML
J7620	ALBUTEROL SULFATE, 0.083% - \$.43 PER ML
J7625	ALBUTEROL SULFATE, 0.5% - \$.68 PER ML
J7630	CROMOLYN SODIUM, PER 20 MG- \$.76 PER 20 MG
J7640	EPINEPHRINE, 2.25% PER ML - \$.60 PER ML
J7650	ISOETHARINE HYDROCHLORINE, 0.1% PER ML - \$.16 PER ML
J7651	ISOETHARINE HYDROCHLORIDE, 0.125% PER ML - \$.14 PER ML

## HCPCS Drug Codes and Allowable Charges

J7652	ISOETHARINE HYDROCHLORIDE, 0167% PER ML - \$.19 PER ML
J7653	ISOETHARINE HYDROCHLORIDE, .2% PER ML - \$.23 PER ML
J7654	ISOETHARINE HYDROCHLORIDE, 0.25% PER ML - \$.39 PER ML
J7655	ISOETHARINE HYDROCHLORIDE, 1% PER ML - \$.46 PER ML
J7660	ISOPROTERENOL HYDROCHLORIDE, 0.5% PER ML - \$2.22 PER ML
J7665	ISOPROTERENOL HYDROCHLORIDE, 1.0% PER ML - \$2.09 PER ML
J7670	METAPROTERENOL SULFATE, 0.4% PER ML - \$.44 PER ML
J7672	METAPROTERENOL SULFATE, 0.6% PER ML - \$.44 PER ML
J7675	METAPROTERENOL SULFATE, 5.0% PER ML - \$.97 PER ML
J2545	NEBUPENT, \$85.00 PER 300 MG
XX001	SALINE SOLUTION,
	.45%, 3 ML - \$.03 PER ML
	.9%, 3 ML - \$.03 PER ML
	.9%, 5 ML - \$.02 PER ML

### CHEMOTHERAPY DRUGS

J9020	ASPARAGINASE, \$56.36 PER 10 ML VIAL
J9045	CARBOPLATIN, \$75.00 PER 50 MG
J9050	CARMUSTINE, \$76.46 PER 100 MG
J9060	CISPLATIN, \$31.59 PER 10 MG
J9070	CYCLOPHOSPHAMIDE, POW - \$58.92 PER 100 MG
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, \$74.40 PER 100 MG
J9100	CYTARABINE, \$5.08 PER 100 MG
J9120	DACTINOMYCIN, \$10.54 PER 0.5 MG
J9130	DACARBAZINE, \$13.17 PER 100 MG
J9150	DAUNORUBICIN HCL, \$71.10 PER 10 MG
J9165	DIETHYLSTILBESTEROL DIPHOSPHATE, \$11.98 PER 250 MG
J9181	ETOPOSIDE, \$13.65 PER 10 MG
J9208	IFOSFOMIDE, \$344.40 PER 1 GM W/MESNA
J9209	MESNA, \$344.40 W/ABOVE CHEMOTHERAPY
J9211	IDARUBINICIN HCL, \$226.00 PER 5 MG
J9230	MECHLORETHAMINE HCL, \$38.97 PER 10 MG
J9260	METHOTREXATE SODIUM, \$6.88 PER 50 MG
J9270	PLICAMYCIN, \$72.44 PER 2.5 MG
J9280	MITOMYCIN HCL, \$418.74 PER 20 MG
J9293	MITOXANTRONE HCL, \$574.70 PER 20 MG
J9300	STREPTOZOCIN, \$54.25 PER 1 GM